Substitute for form 1449/PTO				Complete if Known		
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STATEMENT BY APPLICANT (Use as many sheets as necessary)				First Named Inventor	Feijun XIAN	
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			s necessary)	Examiner Name	B. Forman	
Sheet	1	of	1	Attorney Docket Number	514572002100	

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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	NON PATENT LITERATURE DOCUMENTS					
Examiner Initials [*]	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²			
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